



State of Montana
DEPARTMENT OF CORRECTIONS
FOOD HANDLER HEALTH REQUIREMENTS

A food handler is any person in the dairy milking parlor, dairy processing area, and dining and food preparation areas who handles food, food containers, or food utensils, including owners, persons-in-charge, employees and volunteers.

You, as a food or dairy product handler, may not handle food in a food service, dairy milking parlor, or dairy processing establishment if you:

1. Have been diagnosed within the last four (4) weeks with an illness due to any of the following bacteria or viruses:
 - a. Hepatitis A,
 - b. *Salmonella spp.*,
 - c. *Shigella spp.*,
 - d. Pathogenic *Escherichia coli*,
 - e. *Campylobacter spp.*,
 - f. *Cryptosporidium parvum*, or
 - g. *Giardia lamblia*.
2. Have any of the following symptoms:
 - a. symptoms associated with acute gastrointestinal illness such as diarrhea, fever, or vomiting;
 - b. jaundice;
 - c. respiratory symptoms causing sneezing or cough, discharge from the eyes, nose, or mouth, or sore throat with fever; or
 - d. a lesion or sore containing pus such as a boil or infected wound that is open or draining and is:
 - 1) on the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;
 - 2) on exposed portions of the arms, unless the lesion is protected by an impermeable cover, or
 - 3) on other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

It may be illegal for you to work or handle food or dairy products if you have any of these diseases or symptoms, because people may become sick if they eat food that you handle.

Contact your facility's food service director (FSD) before you start working if you know or suspect that you have contracted or been exposed to a disease that is transmissible via food including, but not limited to, those listed above. Your FSD may be required to notify the health department, while maintaining your confidentiality as provided by Montana statute. When possible, your facility's FSD may reassign you to other duties that do not involve food handling.

I, _____, understand and will comply with the above health requirements.
(Employee's Printed Name)

Establishment: _____

Employee Signature: _____ Date: _____